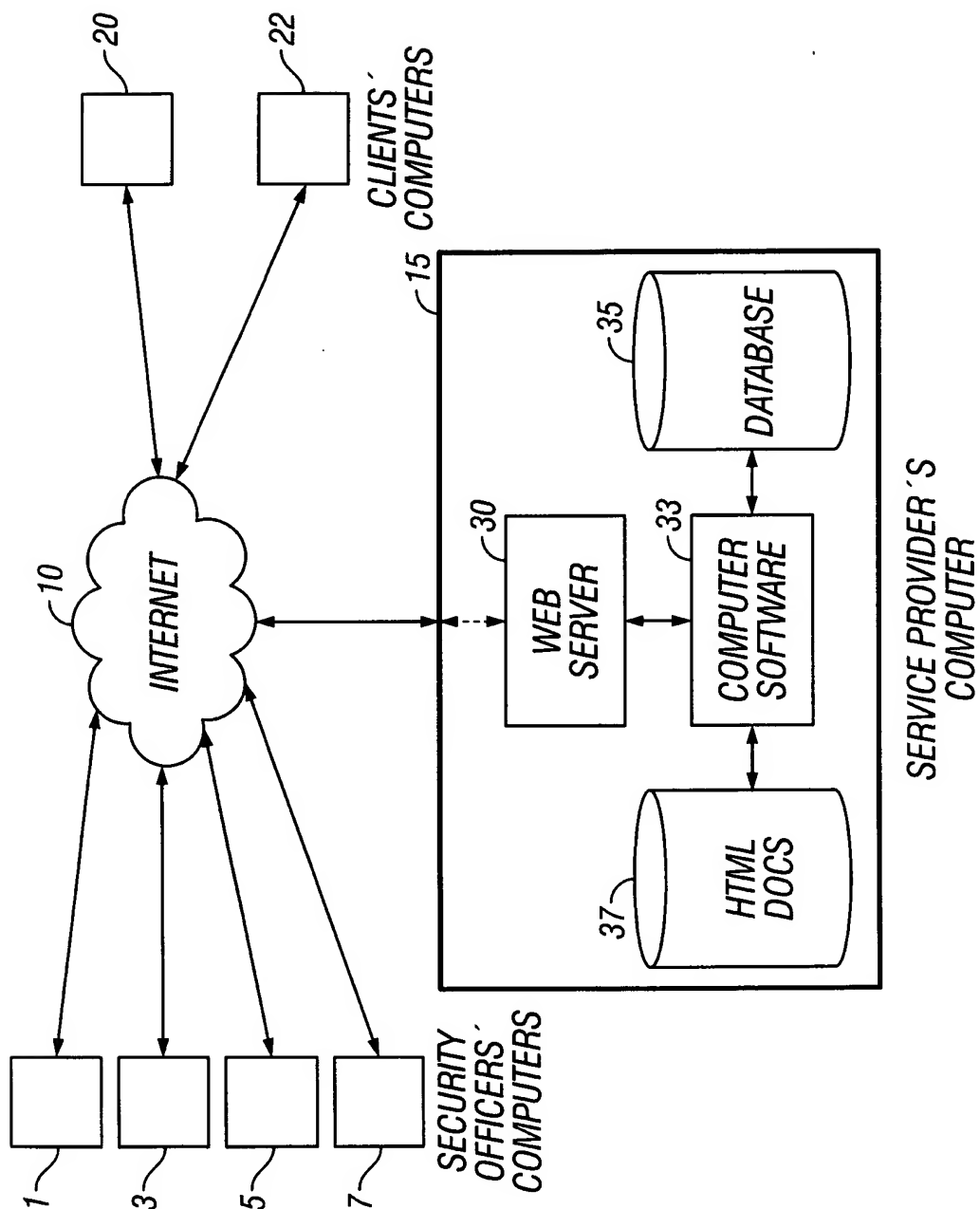




#7

1/41





RECEIVED

2/41

Terrace Security Corporation
Online Applications Management Console

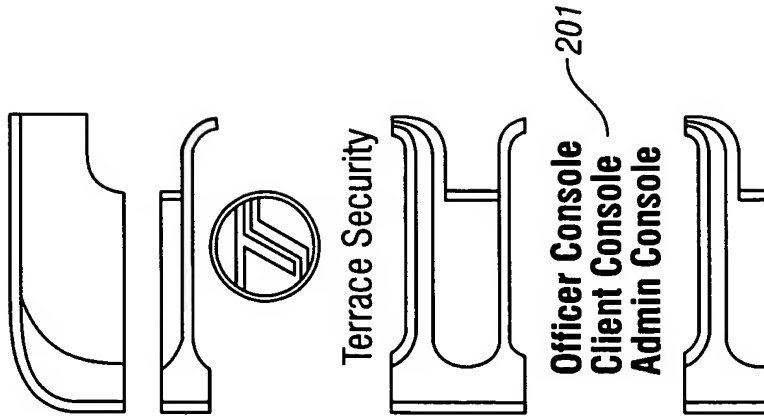


FIG. 2



Terrace Security Corporation
Officer Console

Please enter your badge number and password to continue:

Badge Number 305

Password 310

315

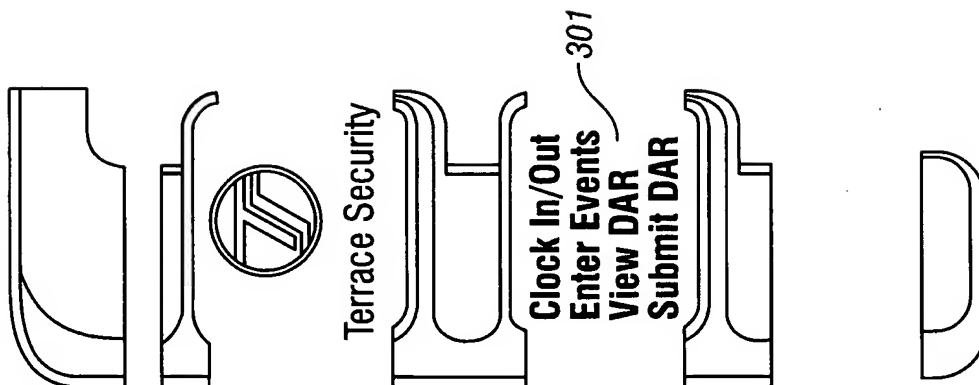
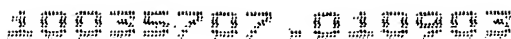


FIG. 3



Logged In: Neely, Bernard

Time In

Property

Terrace @ Willowbrook

Shift Code

Radio Number

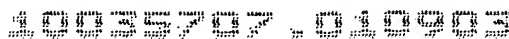
Comments

Clock In/Out
Enter Events
View DAR
Submit DAR
Log Out

-440

Clock In

FIG. 4



Officer Console

Logged In: Neely, Bernard

Enter Event

Open Shifts

Time In

9:18:26 AM

Terrace Security

○ 9:39:48 AM

Add Event

Time Out—471

Clock In/Out

Enter Events

View DAR

Submit DAR

Log Out

100

AM

00 ... 1

AM

Event Code

1600 - Abandonment of a Child

Comments

Add

FIG. 4A

495

Property 464

Terrace @ Willowbrook

Terrace @ Willowbrook

Shift Code 463

222

1232

Time In — 472

00

AM

474 -480

1001

490

Add

6/41

TSEC Manager

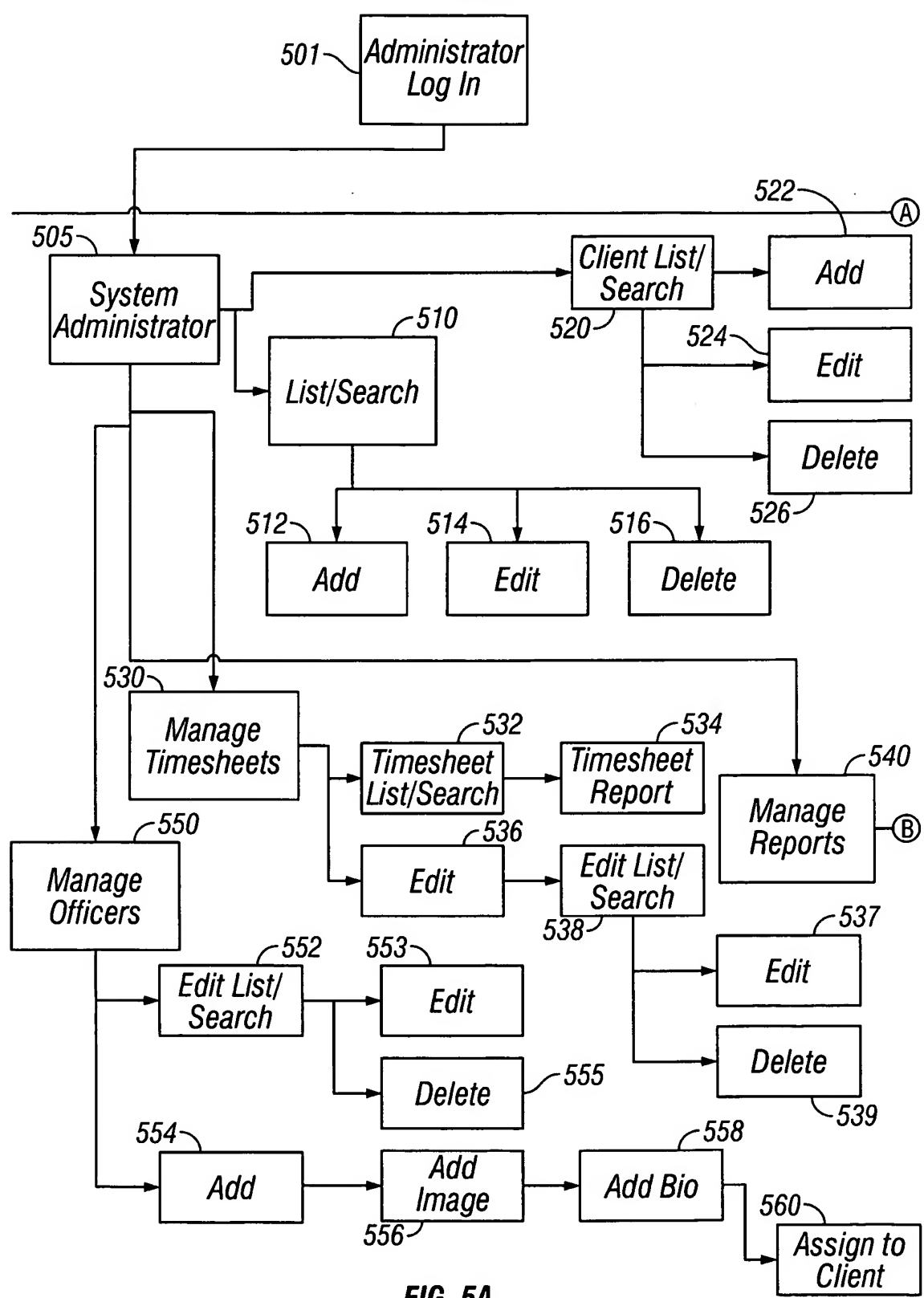
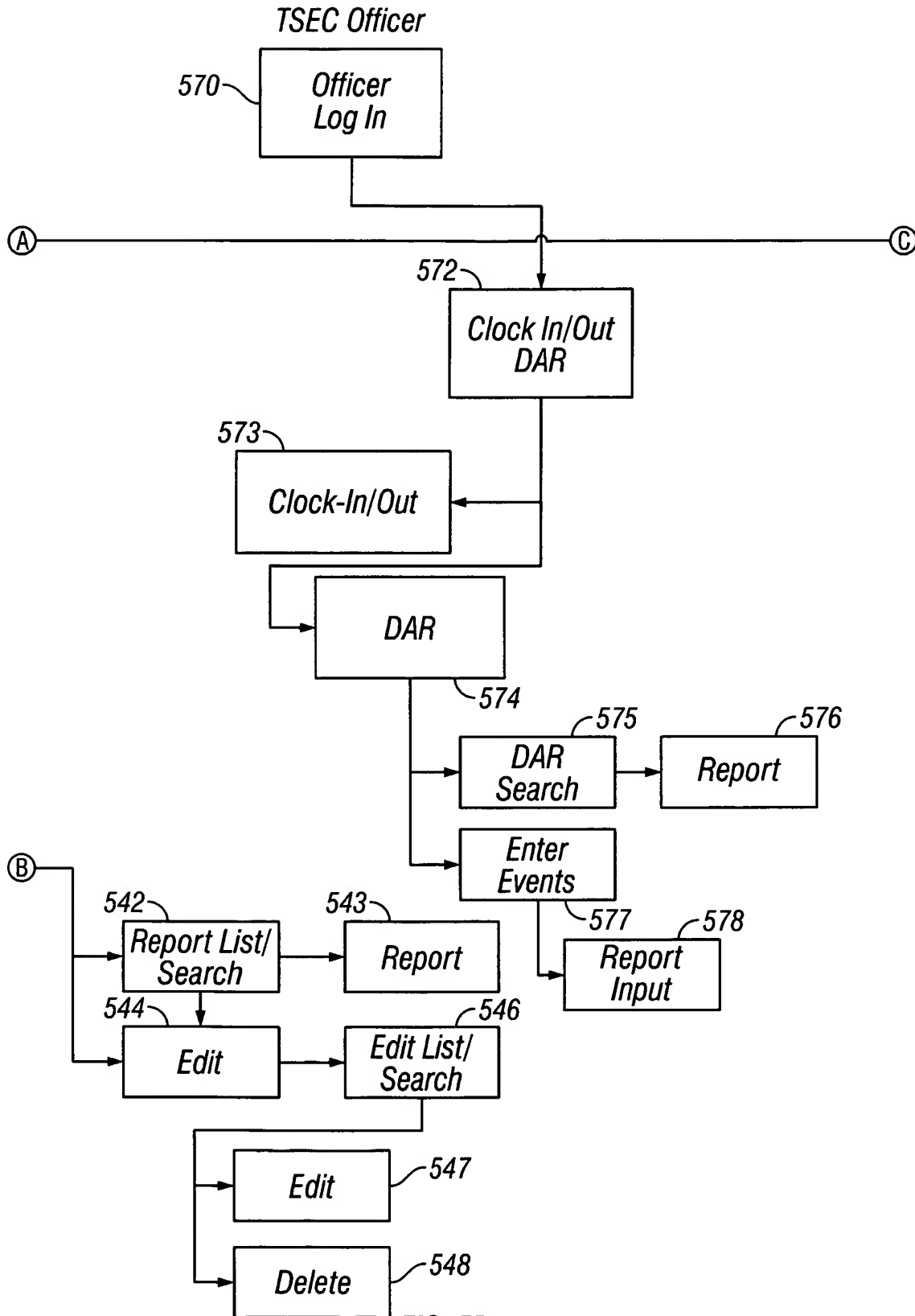


FIG. 5A

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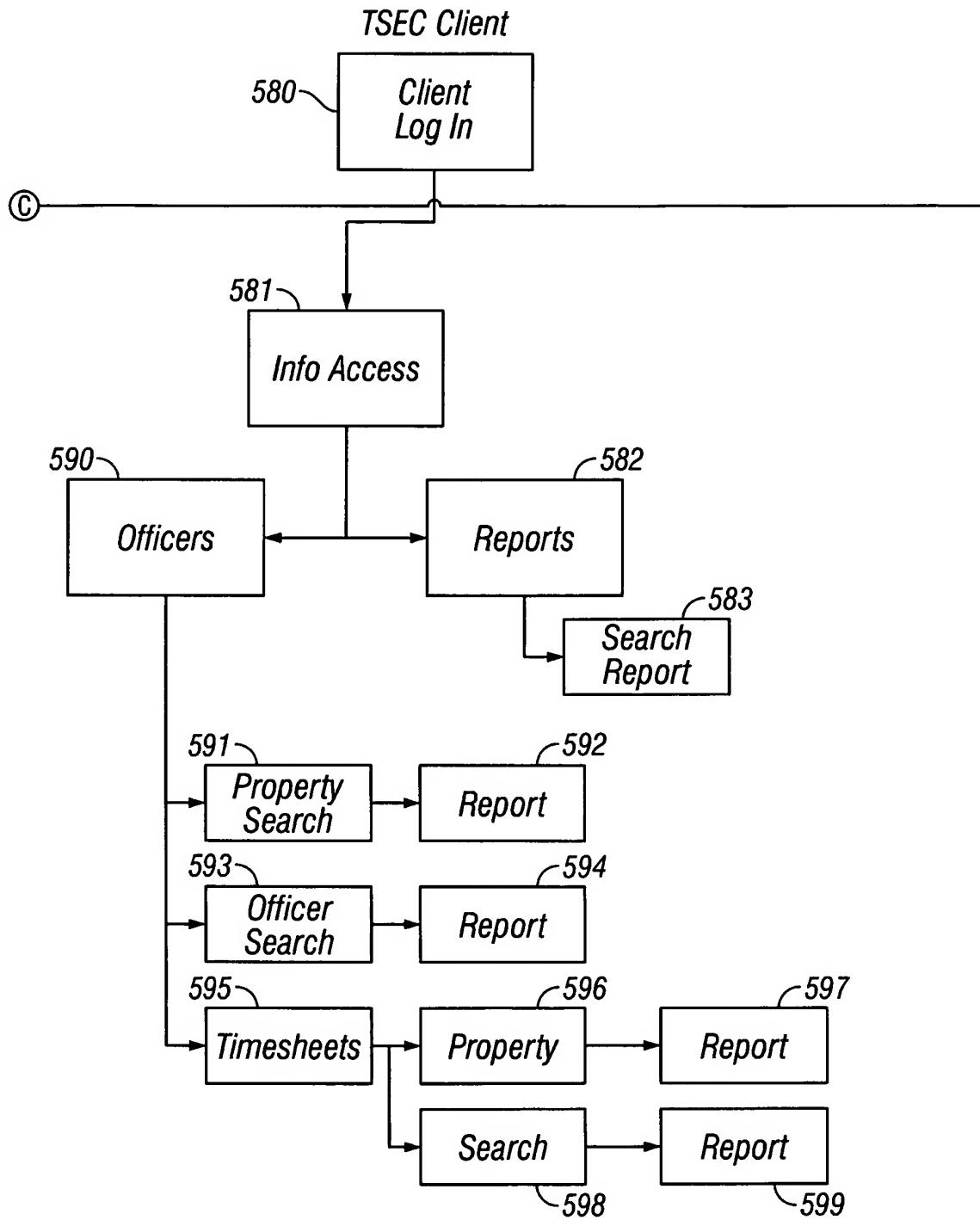


FIG. 5C



FIG. 6

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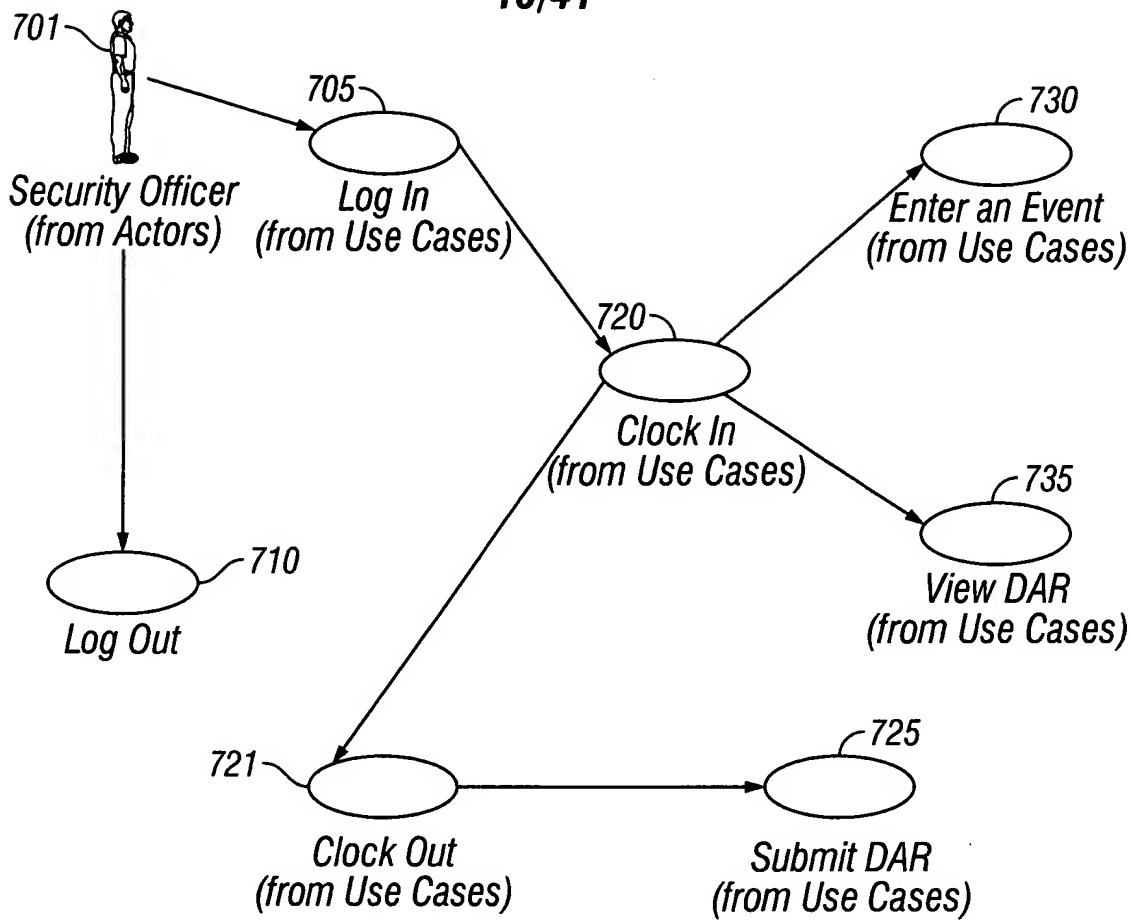


FIG. 7

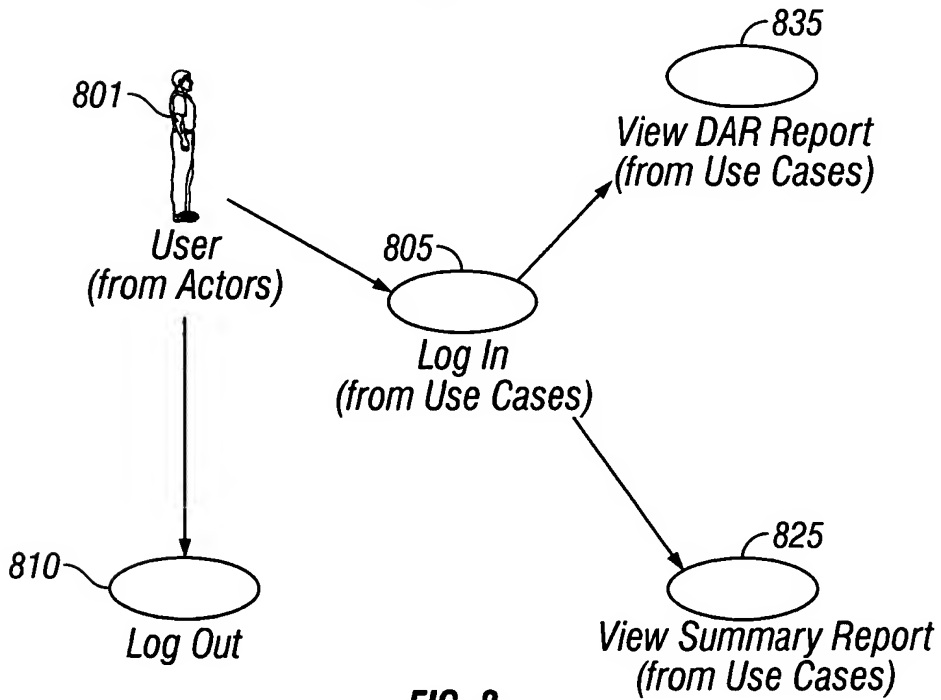
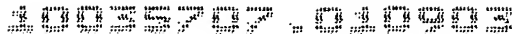


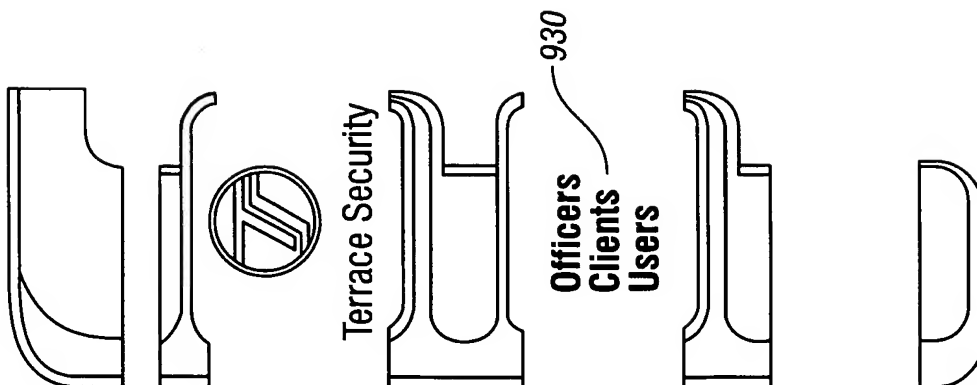
FIG. 8



Please enter your UserID and password to continue:

The diagram shows a login form with three elements: a text input field labeled 'UserID' with reference numeral 901, a text input field labeled 'Password' with reference numeral 910, and a button labeled 'Continue' with reference numeral 920.

FIG. 9



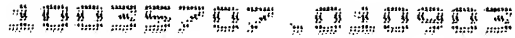
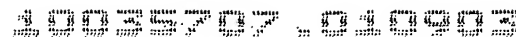


FIG. 10



13/41

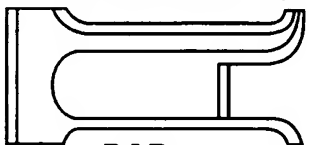
Terrace Security Corporation
Secured Reporting Console

Logged In: Borgman, Steve

Daily Activity Report

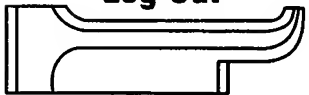


Terrace Security



**DAR
Summary**

Log Out



Shift 1

| | |
|------------------------|------------------------|
| Guard | Post |
| Calamari, Manni | Memorial City Mall |
| Time In | Time Out |
| 10/12/2000 12:22:12 PM | 10/12/2000 12:22:26 PM |
| Shift Code | Radio Number |
| dg | dfg |
| Comments | |
| dzfgdzg | |

| Time In | Time Out | Code | Comments | IR |
|------------|------------|------|----------|----|
| 1:00:00 AM | 1:00:00 AM | 2906 | dfgdfg | |
| 1:00:00 AM | 1:00:00 AM | 2918 | sdf | |

Shift 2

| | |
|-----------------------|-----------------------|
| Guard | Post |
| Calamari, Manni | Memorial City Mall |
| Time In | Time Out |
| 10/12/2000 5:03:26 PM | 10/12/2000 5:03:32 PM |
| Shift Code | Radio Number |
| 123 | 123 |
| Comments | |
| 123 | |

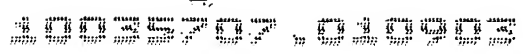
| Time In | Time Out | Code | Comments | IR |
|------------|------------|------|----------|----|
| 2:00:00 AM | 1:00:00 AM | 2927 | 123 | |

Shift 3

| | |
|-----------------------|-----------------------|
| Guard | Post |
| Calamari, Manni | Memorial City Mall |
| Time In | Time Out |
| 10/12/2000 5:03:51 PM | 10/12/2000 5:04:54 PM |
| Shift Code | Radio Number |
| 123 | 123 |
| Comments | |
| 12312312312321 | |

| Time In | Time Out | Code | Comments | IR |
|------------|------------|------|----------|----|
| 4:00:00 AM | 3:00:00 AM | 2907 | 123123 | |

FIG. 11A





U.S. PATENT & TRADEMARK OFFICE

Shift 8

Guard
Calamari, Manni
Time In
11/20/2000 8:02:02 AM
Shift Code
tewt
Comments
asretae

Time In 2:03:00 AM Time Out 5:00:00 AM

15/41

Post
Memorial City Mall
Time Out
11/21/2000 3:12:03 PM
Radio Number
tet

| Code | Comments | IR |
|------|----------|----|
| 1604 | comment | Y |

Shift 9

Guard
Calamari, Manni
Time In
11/21/2000 3:12:18 PM
Shift Code
wer
Comments
erwer

Time In 1:00:00 AM Time Out 2:00:00 AM
5:00:00 AM 6:00:00 AM
5:00:00 AM 6:00:00 AM

Post
Memorial City Mall
Time Out
11/21/2000 3:17:34 PM
Radio Number
werwer

| Code | Comments | IR |
|------|----------|----|
| 1610 | comments | Y |
| 1607 | ar | Y |
| 1607 | ar | Y |

Shift 10

Guard
Calamari, Manni
Time In
11/21/2000 3:56:21 PM
Shift Code
we
Comments
qr

Time In 1:00:00 AM Time Out 1:00:00 AM
8:00:00 AM 9:00:00 AM
1:00:00 AM 1:00:00 AM
1:00:00 AM 1:00:00 AM
1:00:00 AM 1:00:00 AM

Post
Memorial City Mall
Time Out
11/21/2000 4:07:48 PM
Radio Number
wet

| Code | Comments | IR |
|------|----------------------|----|
| 1607 | comment | Y |
| 1604 | | Y |
| 1605 | comment goes here... | Y |
| 1600 | | Y |
| 1600 | | Y |

Shift 11

Guard
Calamari, Manni
Time In
11/21/2000 9:09:58 PM
Shift Code
wr3
Comments
wrwaer
Time In

Post
Memorial City Mall
Time Out
11/22/2000 9:20:43 AM
Radio Number
wer

| Code | Comments | IR |
|------|----------|----|
|------|----------|----|

FIG. 11C



16/41

16/41

Shift 12

| | |
|-----------------------|-----------------------|
| Guard | Post |
| Calamari, Manni | property 1 |
| Time In | Time Out |
| 10/12/2000 5:03:38 PM | 10/12/2000 5:03:43 PM |
| Shift Code | Radio Number |
| 123 | 123 |
| Comments | |
| 123123 | |

| | | | | |
|------------|------------|------|----------|----|
| Time In | Time Out | Code | Comments | IR |
| 7:00:00 AM | 6:00:00 AM | 2940 | 12312321 | |

Shift 13

| | |
|-----------------------|-----------------------|
| Guard | Post |
| Calamari, Manni | property 1 |
| Time In | Time Out |
| 11/22/2000 9:21:02 AM | 11/22/2000 9:24:03 AM |
| Shift Code | Radio Number |
| 1234 | 12345 |
| Comments | |
| comment goes here | |



| | | | | |
|------------|------------|------|-----------------------------------|----|
| Time In | Time Out | Code | Comments | IR |
| 1:00:00 AM | 1:00:00 AM | 1601 | comments for the event go here | Y |

FIG. 11D



00035795 000000

Terrace Security Corporation
Online Applications Management Console

Logged In: Borgman, Steve

Officer Admin

| Last Name | First Name | Badge # | Bio |
|---|------------|---------|---------------|
| <input checked="" type="radio"/> Calamari | Manni | 111 | Cobol Teacher |
| <input type="radio"/> Melancon | Robb | 555 | |
| <input type="radio"/> Officer | New | 999 | |
| <input type="radio"/> Samson | Freddie | 333 | editreee |
| <input type="radio"/> Waggoner | Ian | 19 | Me |
| <input type="radio"/> Whipple | Steve | 222 | |
| Edit Selected Officer > > | | | |
| Delete Selected Officer | | | |

~OR~
Add New Officer

FIG. 12

17/41

1210

1230

1220

1240

1250

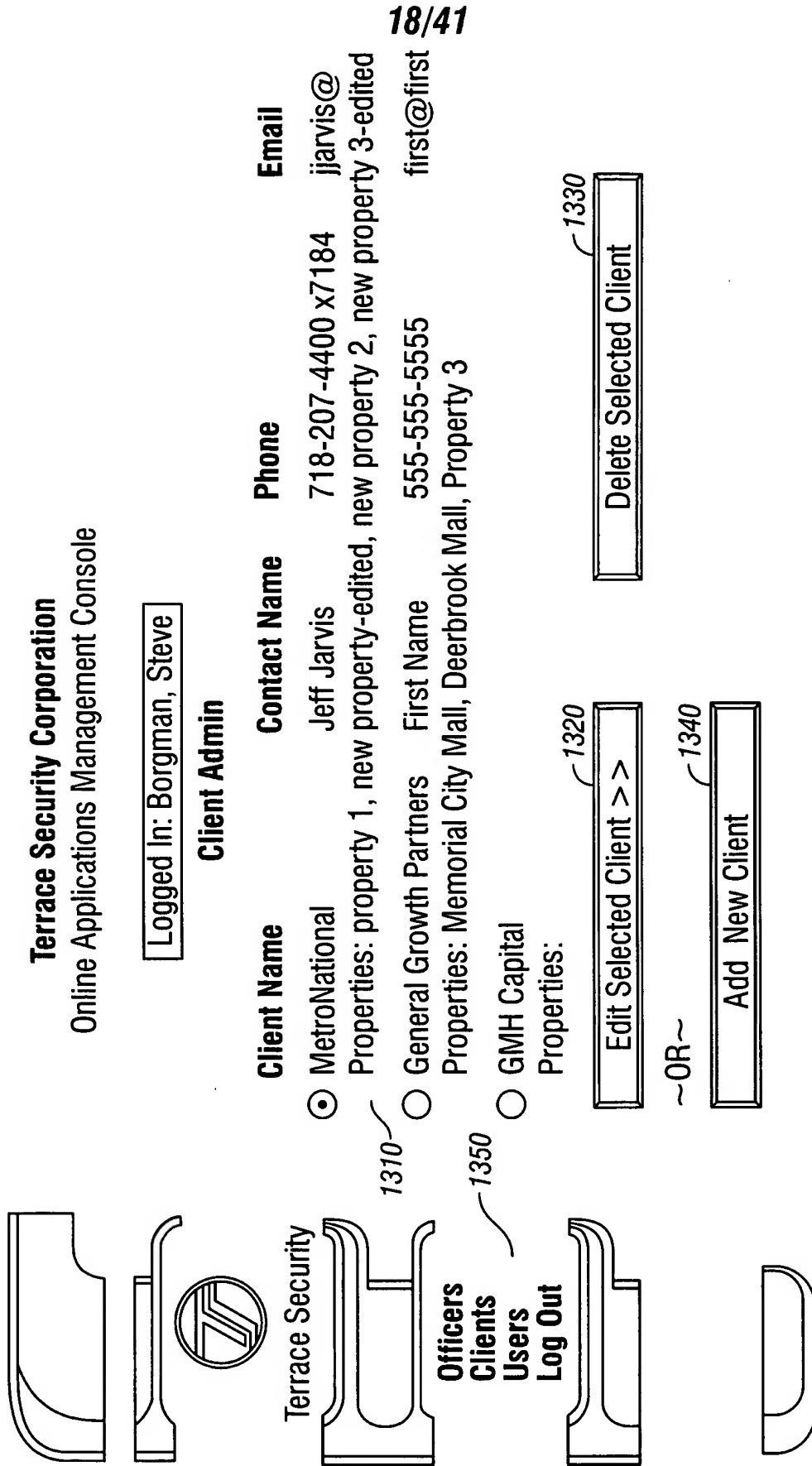


FIG. 13



11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Terrace Security Corporation
Online Applications Management Console

Logged In: Borgman, Steve

User Admin

| Last Name | First Name | User ID | Admin |
|--|------------|---------|-------|
| <input checked="" type="radio"/> Borgman | Steve | steve | Yes |
| <input type="radio"/> Hays | Wayne | wayne | Yes |
| <input type="radio"/> Madison | Carmen | carm | Yes |
| <input type="radio"/> Marcis | Doug | doug | Yes |
| <input type="radio"/> Michaels | Bob | bob | Yes |
| <input type="radio"/> Vanderbilt | Arthur | arthur | Yes |
| <input type="radio"/> Waggoner | Ian | ian | Yes |
| Delete Selected User | | | |

1430

1420

Edit Selected User > >

~OR~

1440

Add New User

FIG. 14



Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard

Incident Report

TSC Case #
8

HPD Case #

Incident Code/Type
1605 - Aggravated Robbery
Location

Date/Time Reported

12 ▾ / 30 ▾ / 2000 ▾ 12 ▾ : 00 ▾ ☒ AM ☐ PM

Date/Time Occurred

12 ▾ / 30 ▾ / 2000 ▾ 12 ▾ : 00 ▾ ☒ AM ☐ PM

HFD Unit #

What Hospital

Paramedic's Name

Identifying Information #1

Last Name

First Name

MI

☒ SU ☐ C ☐ W

FIG. 15A

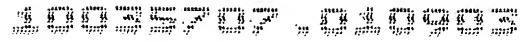


FIG. 15B



90035497 910903

| | | | | | | | | | |
|-------------------------------------|--------------------------|---------------------------|-------------------------------------|-------------------------------------|-------------------------|--|-------------------------|---------------------------|-------------------------------------|
| Suspect is Minor | | Parent/Guardian Notified | | By Whom | Name of Notified | Time | | | |
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No | <input type="text"/> | <input type="text"/> | <input type="text"/> : <input type="text"/> : <input type="text"/> AM <input type="radio"/> PM | | | |
| <hr/> | | | | | | | | | |
| Vehicle Info #1 | | Vehicle Info #2 | | Vehicle Info #3 | | | | | |
| <input checked="" type="radio"/> SU | <input type="radio"/> C | <input type="radio"/> W | <input checked="" type="radio"/> SU | <input type="radio"/> C | <input type="radio"/> W | <input checked="" type="radio"/> SU | <input type="radio"/> C | <input type="radio"/> W | |
| Year | <input type="text"/> | Towed | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Year | <input type="text"/> | Towed | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Make | <input type="text"/> | | Make | <input type="text"/> | | Make | <input type="text"/> | | |
| Model | <input type="text"/> | | Model | <input type="text"/> | | Model | <input type="text"/> | | |
| Color | <input type="text"/> | | Color | <input type="text"/> | | Color | <input type="text"/> | | |
| License Plate # | <input type="text"/> | | License Plate # | <input type="text"/> | | License Plate # | <input type="text"/> | | |
| VIN | <input type="text"/> | | VIN | <input type="text"/> | | VIN | <input type="text"/> | | |

FIG. 15D



3 0 0 0 3 0 0 0 3 0 0 0 3 0 0 0 3 0 0 0 3

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NARRATIVE

Write a summary of the incident, answering the questions Who, What, When, Where & Why.

◀

▶

FOLLOW-UP

Date

12 ▾ / 30 ▾ / 2000 ▾

12 ▾ : 00 ▾

Time

12 ▾ : 00 ▾

☒ AM ☐ PM

By Whom

◀

▶

submit

FIG. 15E



3 003 45 403 1 00000000

Terrace Security Corporation
Officer Console

Incident Investigation Report

TSC Case #

I. General Information

Date of Incident: / / Time of Incident: : am pm

Day of Week: Monday

Date Reported to You: / / Time Reported to You: : am

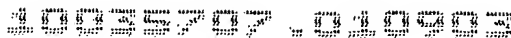
pm By Whom:

Property
Name &
Location:

Specific Location of Incident:

(describe all identifying factors of exact place of incident:
measurements, directions, etc.)

FIG. 16A



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Complete Sections I, II, VII & IX

☐ Female

SSN:

Phone #: ()

Physical Disabilities:

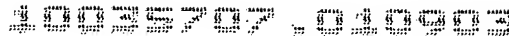
1

Position:

Address:

Phone #: ()

FIG. 16B



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III. FIRST AID (treatment Rendered to stabilize Complainant)

☐ Not Offered - why?

☐ Offered

By whom; why?

☐ Offer
☐ Declined

Hospital Name?

☐ Taken to Hospital

| | | | |
|-----------|------------------------------------|---------------------------------|---------------------------------------|
| Taken by: | <input type="checkbox"/> Ambulance | HFD Unit # <input type="text"/> | Paramedic's Name <input type="text"/> |
| | | | |

FIG. 16C

28/41

☐ Self ☐ Other, Explain: _____

Taken at Whose Request? ☐ Complainant ☐ Other, Explain: _____

Emergency Contact Notified? ☐ Yes ☐ No ☐ N/A Name of Contact: _____

IV. CONDITION OF THE COMPLAINANT (For SLIP/FALL INCIDENT Only)

A. BEFORE the Incident

Carrying anything? ☐ Yes ☐ No If yes, what was being carried?

B. AFTER the Incident

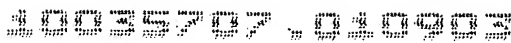
Describe any visible injury or damage to clothing

| | | |
|---|---|---|
| ◀ | ▶ | ▶ |
| | | |
| ◀ | ▶ | ▶ |

Complainant's description of any injury and where on their body it's located

| | | |
|---|---|---|
| ◀ | ▶ | ▶ |
| | | |
| ◀ | ▶ | ▶ |

FIG. 16D

[illegible][illegible]

Downloaded from <http://ajph.org/> on November 10, 2014

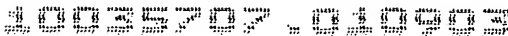
© 2006 The Authors
Journal compilation © 2006 Blackwell Publishing Ltd, *Journal of Internal Medicine* 260: 103–110

Overall condition of shoes: ☐ Good ☐ Average ☐ Poor

Was the minor accompanied by anyone at the time of the Incident? ☐ Yes ☐ No If yes, who?

Relationship to Minor

FIG. 16E



| |
|--|
| |
|--|

30/41

[illegible]

2. Surface material:

FIG. 16F



9003507, 9003508

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- ☐ Carpet ☐ Vinyl tile ☐ Ceramic tile ☐ Terrazo ☐ Marble ☐ Quarry Tile ☐ Rug
☐ Grass ☐ Concrete ☐ Asphalt ☐ Gravel ☐ Metal ☐ Dirt ☐ Other-describe

3. Foreign substance present? (Soda, water, ice, snow, etc.) ☐ Yes ☐ No

What does substance appear to be?

Describe substance: Color

Odor

Amount

Spill pattern

Describe: Texture

FIG. 16G



1005574, 040503

(oily, gritty, bubbly, etc.) Consistency (melted, crushed, solid, etc.)

4. Skid/streak marks ☐ Yes ☐ No Substance on shoes or clothing ☐ Yes ☐ No

How did substance come to be on the floor?

5. Any other object involved? ☐ Yes ☐ No If yes, describe object/composition

Location of object

Reason for location of object

Anything unusual about object?

(broken, unstable, not in usual place, etc.)

B. Unusual Surface Conditions Present? ☐ Yes ☐ No If yes, describe nature of condition

FIG. 16H



40055797, 0409993

Dimensions Debris present? ☐ Yes ☐ No If yes, describe

C. Lighting Conditions

1. ☐ Natural ☐ Artificial-describe

(type of bulb, etc.)

2. Does the complainant feel that lighting was a contributing factor in causing the incident?

☐ Yes ☐ No If yes, explain

D. Weather Conditions

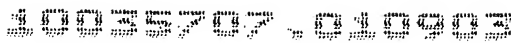
Describe outdoor weather, even if incident was inside

(cloudy, sunny, snowing, raining, etc.)

VII. **PHOTOGRAPHS**

Were photos taken? ☐ Yes ☐ No How many?

FIG. 16I



| Date & Time Taken | Where are photos stored? |
|-------------------|--------------------------|
| | |

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the scene shortly before, during or just after the incident.

Name _____ Address _____

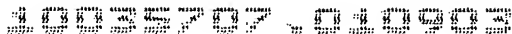
City State

Zip _____

Phone#

What was this person's involvement with the incident?

FIG. 16J



Describe in detail exactly what he/she said

[illegible]

Describe any conversation this Witness had with the Complainant

[illegible]

Name

Address

Source: *Journal of the American Statistical Association*, 86 (1991), 1037-1046.

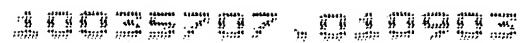
Downloaded from <http://ajph.org/> on November 10, 2015. Copyright © 2015 American Public Health Association. All rights reserved.

City

State

1000

FIG. 16K





٢

Name Address

City State

zip

Phone#

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

FIG. 16M



Describe any conversation this Witness had with the Complainant

[illegible]

IX. EMPLOYEE INCIDENT

Department

Title

Supervisor

Type of incident: ☐ Injury ☐ Vehicle ☐ Property Damage

Type of injury

FIG. 16N



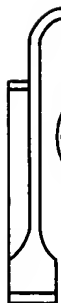


Please enter your UserID and password to continue:

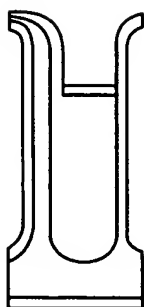
1720

1730

1740



Terrace Security



1710

DAR Summary



FIG. 17



40035707 . 000000

Terrace Security Corporation
Secured Reporting Console

Logged In: Madison, Carmen

Daily Activity Report

| Guard | Property | Date |
|-----------------|-----------------|--------------------|
| --All-- 1820 | --All-- 1830 | 12/20/2000 1840 |

Event Code
--All--
1850

1810
DAR Summary

1860
Show

Log Out

FIG. 18

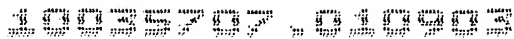


FIG. 19